

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29692

1. PLACE OF DEATH

County Jackson
Township 11 Row
City Camden City

Registration District No. 399
Primary Registration District No. 1002
(No. 3134 Broadway)

File No. _____
Registered No. 3610
St. _____ Ward _____

2. FULL NAME

Catherine M. Quire (Kate O. Quire)

(a) Residence, No. 3134 Broadway St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maurice M. Quire</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5 1879</u>		
7. AGE <u>54</u>	YEARS <u>0</u>	MONTHS <u>5</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

13. NAME Charles Owens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Julia Rache

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Maurice M. Quire
(ADDRESS) 3134 Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cemetery DATE Sept 13 1933

19. UNDERTAKER Quire & Fabin Co
(ADDRESS) 20 W Lincoln

20. FILED 9-12-33 M. M. Crow
Registrar

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10-33

22. HEREBY CERTIFY, That I attended deceased from Sept 4 1933 to Sept 10 1933
I last saw her alive on 9-10-33 Death is said to have occurred on the date stated above, at 6:57 A

The principal cause of death and related causes of importance were as follows:

Subaral Hemorrhage
Pneumonia (Broncho)
82 A
107 A
87
Other contributory causes of importance:
Infectious
Pneumonia (Broncho) 4 days

8 Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify John B. Quire, M. D.
(Signed) John B. Quire
(Address) 1402 Beyer

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Oct 20 1933

2365
15
15

10-10-1964

10-10-1964

10-10-1964